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JONES ON FUNCTIONAL NERVOUS DISORDERS. 16 PAGES.

CHOLERA.

Notes on the Pathology and Treatment of Cholera. By GEORGE JOHNSON, M. D., F. R. C. P., Professor of Medicine in King's College, &c. &c. &c.

There are few diseases, the treatment of which has been more influenced by pathological theories than cholera. The theory which has gained almost universal acceptance is, that the worst symptoms of the disease are due to the drain of fluid from the blood. The practice which has been based upon this theory is to check the purging by opiates and astringents, and to restore to the blood its lost constituents by saline injections into the veins. What if this theory be erroneous, and the practice suggested by it injurious? That the theory and the practice are both wrong, I am persuaded; and I propose now to give the reasons for my belief.

First, then, let us inquire, *What is the relation between the symptoms of choleraic collapse and the loss of fluid by vomiting and purging?* It will, I suppose, be conceded by all who are prepared to argue this question, that if the symptoms of collapse are occasioned by a drain of fluid from the blood, there must, as a rule, be a direct relation between the degree of collapse and the amount of liquid which escapes from the blood. Now, so far is this from being the case, that there are few writers of any note or authority upon the subject of cholera who do not either assert distinctly, or record facts from which the inference plainly follows, that not only is there no direct relation between the loss of liquid by vomiting and purging and the degree of collapse; but that these conditions often bear an inverse ratio to each other. In confirmation of this statement, I purpose now to quote some of the best known authors on the subject of cholera.

Dr. Edmund Parkes says: "My cases bear out the observations of Scott, Jameson, Orton, Kennedy, Copland, and, in fact, al-

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most all the English writers of reputation, that there is absolutely no ratio between these two classes of symptoms" (*i. e.*, between the purging and vomiting and the symptoms of collapse) "or that they appear even to observe an inverse ratio to each other. Thus, at a period of the case when the algide symptoms were most fully developed—viz., in the last five hours—the purging ceased; in the cases where the algide symptoms were prominent throughout, and which cases were consequently the most malignant and the most rapidly fatal, the passage of fluid from the intestines was oftentimes trivial in degree and shortened in the period of its occurrence. In cases in which the vomiting and purging were excessive, the algide symptoms often came on slowly, and were less marked and deadly." (*Researches into the Pathology and Treatment of the Asiatic or Algide Cholera.*)

Dr. Parkes, then, in illustration of these remarks, cites some cases in which the frequency of the vomiting and purging was quite out of proportion to the severity of the other symptoms. He afterwards states that "it may be objected to observations of this kind, that the number of stools is, after all, no certain indication of the amount of fluid passed. This objection would be of weight in cases where the stools were not very different in number; but in some of these cases cited above, we have two or four stools attended by more rapid death than twenty-five or twenty stools; and yet, in the first case, it would be impossible not to suppose the quantity of the fluid passed to be much below that of the second case." He adds, "it may be confidently asserted that there is no one who has seen much of cholera who does not know that, exclusive of the mildest forms of the disease, a case with little vomiting and purging is more malignant and more rapidly fatal than one in which these are prominent symptoms."

With reference to the varieties in the general symptoms of cholera, Scott makes the following statement: "A frequent variety, the worst of all, is that which is noted for the very slight commotion in the system; in which there is no vomiting, hardly any purging—perhaps only one or two loose stools—no perceptible spasm, no pain of any kind; a mortal coldness with arrest of the circulation comes on from the beginning, and the patient dies without a struggle. This has frequently manifested itself as the prevailing type, and almost all die who are attacked by it." (*Report on the Epidemic Cholera.*)

The testimony of Bell is to the same effect. He says: "It has been found that the more violent the prominent symptoms are, the more likely is a cure to be effected; and that when the disease is attended with rapid collapse, little or no vomiting and purging, and no spasm, the prognosis is very unfavourable." (*Treatise on Cholera Asphyxia, or Epidemic Cholera.*)

Orton, in several passages of his essay, alludes to the fact that, in the worst forms of the disease, vomiting and purging are slight or quickly cease, or even do not occur at all. (*An Essay on the Epidemic Cholera of India.*)

Twining gives cases which illustrate the same general principle. Thus, he reports (*Clinical Illustrations of the More Important Diseases of Bengal*, p. 10) the case of a gentleman who died nine hours after the commencement of urgent symptoms, in whom there were occasional slight efforts to vomit at intervals of half an hour, and he had only four stools from the commencement to the termination of the attack. And, in another part of his work (p 37), he says, "We often see patients vomiting violently for hours, and others purged profusely for several days without cholera (*i. e.*, collapse) coming on."

The authors above cited have all observed the disease in India; but the testimony of those who have witnessed it in Europe is in strict accordance with that of the Indian authorities. Thus, Magendie, describing cholera as he saw it in Paris in 1832, makes the following statement: "Some patients have no evacuations, inasmuch as one is obliged to excite them; for the evacuations, though associated with the disease, are not one of the most serious symptoms; and those patients who have had copious evacuations have been more easily treated than those who have had none. This is a remark which has been made by many Physicians." (*Lecons sur le Cholera Morbus.*)

Mr. French states, amongst other reasons for believing that the intestinal discharges are salutary, that while "cholera, in its most intense form, produces death instantly without discharges, all those who recover from its attack experience the peculiar discharges more or less." And, again, in favour of the same view, he says, is "the ultimate recovery of persons who have con-

tinued in a state of collapse for a considerable length of time, often extending to a period of three days, and who, in all instances, sustained enormous discharges." (*The Nature of Cholera Investigated.*)

Dr. Gull, in his *Report on the Morbid Anatomy and Pathology of Cholera*, published by the Royal College of Physicians in 1853, cites the evidence of several practitioners to the effect that, in many cases, "the evacuations appeared to be wholly insufficient to account for the fatal collapse." And one case which came under Dr. Gull's observation, affords a striking illustration of the same principle. "On a *post-mortem* examination, the large intestines contained healthy feces; whilst in the upper two-thirds of the small intestine, the mucous membrane presented the ordinary changes induced by the cholera process, and the rice water effusion was abundant." Dr. Gull adduces this case to show that "*cholera sicca*, in a strict sense, does not occur; for although the disease may be fatal without any evacuation, the intestines after death, in such cases, have been found to contain the rice-water fluid." It can scarcely be doubted, however, that when, as in this case, the purging has been insufficient to remove the feculent contents of the large intestine, the loss of fluid must have been out of all proportion less than in most cases in which recovery takes place. And Dr. Gull, in another part of his Report (p. 211), admits that "the intensity of the symptoms is often in no inconsiderable degree greater than can be accounted for by the amount of the effusion."

With respect, then, to the question whether there is any direct relation between the loss of fluid by purging and the symptoms of collapse, we have a large amount of concurrent testimony to the effect that no such relationship exists.

Even admitting that there were a direct and constant relationship between the loss of fluid and the degree of collapse, further evidence would still be required to prove that they stand to each other in the relation of cause and effect. It might be that they are only the effect of one common cause, which while, on the one hand, it gives rise to collapse, on the other excites vomiting and purging. How far this may be the case, we shall have to consider hereafter. In the meantime, it must, I think, be conceded, that the evidence of there being an inverse rather than a direct ratio between the degree of collapse and the loss of liquid by vomiting and purging, is fatal to the hypothesis so generally received and acted upon, that choleraic collapse is caused by the drain of liquid from the blood.

We will next go on to inquire whether the symptoms of collapse are such as an excessive drain of liquid from the blood might be supposed to produce.

With reference to the hypothesis that the characteristic symptoms of choleraic collapse are caused by the loss of the watery constituents of the blood, we have next to inquire, *whether the symptoms of collapse are such as an excessive drain of fluid from the blood would be likely to produce.*

Now, what is the condition of a patient who has suffered a profuse drain from the blood, whether of water alone or all the blood-constituents? What is the effect of a copious hemorrhage, of a profuse and long continued leucorrhœa, of prolonged lactation, of excessive purging, whether the result of disease or of medicine? Is not the condition of a patient who has been exhausted by such means, of the nature of syncope? There are a small and frequent pulse, a pallid skin, dimness of sight, and *tinnitus aurium:* these symptoms being much increased by the erect posture; and, in extreme cases, the head cannot be raised from the pillow, even for a moment, without the occurrence of syncope. For a patient in this condition to walk or stand, or even to sit up, is simply impossible. Now, there is something in the collapse of cholera which is essentially different from the mere exhaustion which leads to syncope. In fact, almost the only symptom which is common to the two conditions is the extreme smallness and feebleness of the pulse.

One great distinction consists in the remarkable blueness, coldness, and other symptoms indicating that during the collapse of cholera the aeration of the blood is greatly interfered with; while no such symptoms of obstructed respiration occur in ordinary cases of exhaustion from excessive purging. Another great and obvious distinction is this: that whereas a patient exhausted by a drain of fluid from the blood, and therefore verging on syncope, is unable to assume the erect posture without losing at once his pulse and his consciousness, a patient in the collapse of cholera, whose skin is blue and icy cold and whose pulse is imperceptible or extremely small and feeble, is often able to stand

up without becoming faint, and even to walk a distance which must require a considerable amount of muscular exertion.

This is a fact alluded to by several authors; and no one can have watched cases of the disease without having observed the surprising amount of muscular exertion of which even a cold and pulseless patient is capable. It is scarcely necessary to quote authorities for this statement: but I will refer to one in illustration of what has been advanced.

Scott says (*Report on the Epidemic Cholera*, p. 24): "Instances are not wanted of patients being able to walk, and to perform many of their usual avocations, even after the circulation has been so much arrested that the pulse has not been discernible at the wrist." The same author states, in another place, when speaking of the effects of bloodletting (p. 58), "It is remarkable that, in a disease like cholera, syncope should be so rare a symptom." And, again, (p. 28), "During the progress of this disorder, when the nervous energy seems to be almost annihilated, and the functions of the heart and arteries to be abolished, this symptom (syncope) is yet very rarely observed."

Another remarkable difference between the collapse of cholera and the exhaustion caused by an excessive drain of liquid from the blood, consists in the rapidity with which a patient often recovers from the former condition. As an instance of this, I may quote the following from Dr. Gull's *Report* (p. 135): "I have seen" (says Mr. Grainger) "a man stand at his door on Wednesday, who on Monday was in perfect collapse." And this observation, as Dr. Gull observes, is in accordance with the experience of others.

With reference to this remarkable feature of cholera, Twining makes the following statements (*Clinical Illustrations of the more Important Diseases of Bengal*, p. 20): "In cases not fatal, the progress of recovery often almost as rapid as the accession of cholera; and if the disease be treated at the very onset, it is not uncommon to see a person well on the third day, after an attack of the worst symptoms, which had commenced with coldness and collapse, and who, if left without remedies, would probably have died in six or eight hours. *In these instances recovery seems almost as sudden and complete as in cases of patients who are resuscitated after suspension of animation from submersion in water.*" It is scarcely necessary to insist upon the fact, that no such instances of rapid recovery from extreme prostration consequent on a drain of fluids from the blood are ever known to occur; nor, from the nature of things, is it possible that a great loss of blood-constituents can be restored with such extreme rapidity.

The natural and obvious inference from these facts appears to be, that there is an essential difference between the condition of a patient who has been exhausted by a profuse drain from the blood, and that of one in collapse with cholera. It is, therefore, incumbent on those who maintain that choleraic collapse is due to the loss of fluid by the intestinal canal, to explain, if they can, the remarkable differences which have been here pointed out between the symptoms of collapse and those of ordinary syncope.

Our next inquiry shall be, whether the effect of various modes of treatment in the collapse of cholera affords any support to the theory that a drain of fluid from the blood is the essential or the chief cause of that condition.—*Brit. Med. Journ.*, May 6 and 27, 1865.

(*To be continued.*)

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Ice-Bags in Cholera.—In an editorial article on this subject in a late number of the *Medical Times and Gazette* (Nov. 25, 1865) we find the following remarks, which seem to us to have much weight. Dr. Chapman's theory as to the action of his ice and hot-water bags, has always appeared to us as questionable, and yet these cold and hot applications are doubtless very potent measures, and must exert an influence in some morbid affections. Experience may show that they do so in cholera:—

"We understand that a majority of the medical men at Southampton express themselves favourably as regards the ice treatment in cholera. No doubt we shall soon hear more particulars. It must be remembered that ice is not the first remedy which has appeared to do good in this hopeless malady. There were the saline injections, for example, based upon "incontrovertible physiological principles, evident to the most uninitiated," etc. etc.; there was the small dose of calomel, and a host of others; and what we desire is, a statement of the excess of benefit derived from the ice over that from careful treatment without drugs (which

we pray for, should we have cholera ourselves), and over other systems of medication. When we say careful treatment, we mean the giving of nourishment and the comforting the patient in those small details which can only be attended to by a kind and skilful medical attendant, who does not conceive himself bound to *try* something for the sake of appearances.

Whilst then, we look out for, and shall gratefully record any facts, we may employ ourselves in criticizing the theory of the ice-bag, since it has made its way into the newspapers, and has been even honoured with one of those odd, quasi-Greek names (*neuropathy*) which seem so attractive to the popular ear.

To begin, then. We want more information, derived from comparative trial, as to the effects of heat or cold to the spine, and heat or cold applied to the skin of the trunk in various places. Patients with bronchitis, for example, have been treated from time immemorial by the external application of heat. Every one uses linseed and other poultices to the front of the chest, the sides, and the back, all together or in turn. They are used of all temperatures—hot, to redden the skin; cool, to soothe and comfort. The effect of such applications is known to be beneficial; they generally cause a universal glow on the skin and gentle perspiration. Are we to believe that a poultice applied over the spine between the scapulæ would behave as an old-fashioned poultice, or that it would excite the sympathetic and make it cut off part of the supply of blood to the irritated bronchial membrane? If the latter, what collateral signs are there? Would a warm poultice to the back, for example, diminish the circulation in any part of the skin? which it ought to do, if Dr. Chapman's hypothesis be correct. Can Dr. Chapman show that a hot-water bag to the centre of the back between the scapulæ relieves pulmonary congestion, more or less, or otherwise, than a hot-water bag applied to the ribs, or sternum, which we know to do good?

Dr. Chapman says he has cured constipation by applying heat to the spine. Many practitioners have cured it by applying cold. A cold sitz-bath is a favourite and valuable remedy. Dr. Chapman cures hemorrhage by applying heat to the spine, to excite the sympathetic and contract the arteries. There is the old remedy of cold to the nape of the neck for checking nose-bleeding; and we want to know which is right, because "upon strict physiological principles" both cannot be.

It may seem impertinent, but we really desiderate some proof that an ice-bag does really effect the temperature of the spinal marrow; but we suppose Dr. Chapman is prepared with this.

Now, let us turn to sea-sickness. If we understand Dr. Chapman aright, this is a direct effect of an excitation of the spinal cord. This delicate part is shaken and irritated by the horrid up and downs of the vessel, and so becomes congested or loaded with blood; being full of blood, it generates more nerve-force; this nerve-force contracts the arteries of the brain and of the stomach; by some (hitherto unknown) law, much mucus is secreted when the supply of blood to a mucous membrane is diminished; and the muscular fibres of the stomach and bowels become restless and irritable under want of nourishment, and so execute those peristaltic movements whose effects are known as vomiting and diarrhœa.

We certainly find it not easy to treat this kind of pathological reasoning gravely. Certainly the end of this chain of slap-dash deductions seems a great way from the beginning, and we have much doubt as to the safety of a good many of the links. For example, sea-sickness is but one of half-a-dozen similar kinds of sickness which depend, without doubt, on some similar condition of the nervous system; and what is true of one is probably true of all. There is sea-sickness, sickness from being whirled or spun round, sickness from looking suddenly over a precipice, sickness from undulating movement of visible objects so as to produce a subjective sense of unsteadiness, sickness from wearing spectacles which dazzle, sickness at the sight of blood, sickness from tobacco. We suppose that Dr. Chapman can prove that in sea-sickness (as in diarrhœa, etc. etc.) the spinal cord is really hyperæmic—for this, the foundation stone of his system, cannot have been left as a probability merely; but what proof is there of congestion in the spinal cord in any of the other analogous forms of sickness? If the gentlest undulations of a ship make the spinal cord hyperæmic, what does a hard trotting horse do? All these things strike one as unfavourable to the theory. So do the ordinary *juvantia* and *lædentia*. But let us wait for the facts. Do ice-bags cure sea-sickness? If so, we have some-

thing valuable in hand, and a second theory will follow.

As for the ice-bag in cholera, as we have before said, we await the facts in all humility. If Dr. Chapman succeeds in proving that they contribute anyhow to the safety or comfort of the patients, he will not miss his reward. But we must confess to strange misgivings as to his theory. That assumes such a surexcitation of the sympathetic as to constrict every artery in the body, but especially those of the intestines. Now, here is a point on which surely pathological anatomists have evidence to give. If we can't inspect the spinal cord during sea-sickness, unluckily, opportunities enough are found of inspecting the mucous membrane of the bowels after death by cholera. And what is found there? What are the records of the post-mortem inspections made in '31, '49, and '54? Was the spinal cord congested? Was the mucous membrane of the alimentary canal deprived of vascularity! Was there ground for the theory of secretion of mucus as a consequence of diminished supply of blood? Who does not recollect in the worst cases of cholera in '49 and '54 not mere rice-water stools, but *red-currant-jelly stools;* florid blood poured out from the mucous membrane and mixed with the rice-water? Do we hear nothing of intense injection and ecchymosis? And this from a membrane whose arteries are closed? A good theory is like a bit of India-rubber, and will fit almost everything; but we can't see how by any stretching Dr. Chapman's ice theory can fit the facts as to the state of mucous membrane after death by cholera.

Here we must stop. We do not in the least doubt but that the ice and hot-water bags will be found available as remedies in several conditions, more particularly where least expected. But we must confess that the system of *neuropathy*, as a whole, simply ignores all the physiology and pathology and animal chemistry of the last thirty years. It ignores all we know about the intrinsic powers of growth inherent in the cell or germinal element of tissues, and about the influence of the composition of the blood. It takes us back to that dreamy time, from 1680 to 1840—up to the end of the John Hunter era—when the state of the bloodvessels was the beginning and end of medical hypothesis, and when patients were bled and physicked in accordance with the "latest physiological principles," no matter whether these hung upon Cullen's "spasm" of the vessels, or John Hunter's "increased action" of them.

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Progress of Cholera.—In an editorial in the *Lancet* of December 2d, it is stated that, "with the exception of Naples and the governments of Kiev and Podolia in European Russia, the epidemic is declining, is stationary, or has ceased in all the centres of infection north of the Mediterranean. If it were not for the extension of the malady in Russia, the singularly slight impact of the epidemic on our own shores hitherto, so different from the antecedent outbreaks of former epidemics, might almost justify a hope that England would escape with but a slight visitation. Gradually, however, the disease is advancing towards, nay, indeed, has entered, the old track by which central and northern Europe, and subsequently our own country, were attacked in 1831–32 and 1847–48. We may not, then, hug ourselves in the pleasant belief that the ravages of the pestilence will not once more extend to us."

He would be a bold prophet who should venture to predict that the cholera *would* or would *not* visit this country next summer; but it would be the most culpable negligence not to adopt every precautionary measure which experience has shown to be calculated to prevent its visitation or to moderate its ravages, should it unhappily invade our shores. We shall in our next indicate some of those measures.

HOSPITAL NOTES AND GLEANINGS.

Remarkable Repair of Extensive Injuries.—On the 29th of July last we saw a boy, fourteen years old, admitted into St. Bartholomew's Hospital, whose condition seemed to hold out scarcely a hope of recovery. He had got entangled in some cord-making machinery, and had been rolled by a revolving metal cylinder much as linen is pressed in a mangle. The ecchymosis was so extensive that his face was enormously swollen and of a dark purple colour, the conjunctivæ intensely chemosed, and the features unrecognizable. The aspect resembled that of a very bad case of scurvy, or perhaps still more, as Mr. Paget remarked, that condition of dark tumefaction which sometimes precedes the

eruption in malignant variola. The boy had sustained, besides, the following injuries: oblique fracture of the left femur; separation of the epiphysis of the right femur; wound near the left elbow-joint, possibly entering it; dislocation of the right humerus into the axilla. There was concussion of the brain, and he lay for many hours in a state of complete collapse. A sixth of a grain of morphia was injected subcutaneously, and this was continued daily. On the 26th of August we found him looking cheerful and completely altered in appearance; there was scarcely any ecchymosis remaining; the wound about the elbow-joint had healed; the left femur was encased in a gypsum splint, and the right had united. When we saw him last, on Sept. 27th, the injuries described were repaired, but he was suffering from suppuration in the neighbourhood of the right shoulder-joint. Mr. Eccles, the house-surgeon, who had charge of him, tells us that after the reduction of the dislocation, which was easily effected, inflammation took place, and a large abscess formed, which was opened over the pectoral muscle and in the outer wall of the axilla. It is probable that extensive extravasation of blood took place into the joint at the time of the accident. He still complained of stiffness about the back.

The case furnishes a remarkable instance of the elasticity of life at this particular age. A few years later, and the lad's hardened tissues would have been crushed probably beyond repair.—*Lancet*, Oct. 28, 1865.

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Laceration of the Jejunum from a Fall upon the Pavement.—The following case, for the particulars of which we are indebted to Mr. Mason, late house-surgeon to University College Hospital, was remarkable both for the simple nature of the accident—a fall upon the pavement—which caused the injury, and for the length of time which elapsed before any very serious symptoms ensued.

At eight o'clock on an evening in July last a man about thirty years of age tripped up and fell forward upon the curbstone. Feeling no ill effects, he continued his walk, and reached home. During the night he experienced pain in the bowels and purging, and at nine o'clock on the following morning he asked the porter at the hospital for a dose of diarrhœa mixture. This was given to him, and he went away. At one P. M. he again appeared, being then in a state of collapse from intense peritonitis. He was admitted, and died eight hours afterwards.

The autopsy showed a small lacerated opening in the upper part of the jejunum. Two inches above it, in the last portion of the duodenum, a blood-clot the size of a small walnut lay under the mucous membrane, and the surrounding tissues were somewhat stained with blood. The peritoneal cavity contained a considerable amount of fluid, together with a number of gooseberry-skins and peas. The surface of the intestines was covered with soapy-looking lymph. There was no appearance of any ulceration of the intestine. The abdominal integuments showed no injury.—*Ibid.*

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MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

University of Pennsylvania—Auxiliary Faculty of Medicine.—The first course of lectures, it is announced, will commence on Monday, April 2d, and continue until the last of June. The lectures will be free to all the students of the University; to others the fee for the full course will be $35; for either ticket alone $10.

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New Hampshire Medical Institution—Dartmouth College.—At the annual commencement of this Institution, held on the 1st of November last, the degree of M. D. was conferred on 24 candidates.

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Berkshire Medical College.—At the commencement of this school, held on the 8th of November last, the degree of M. D. was conferred on 18 candidates.

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University of Michigan.—Prof. S. G. Armor writes us that "The class attending the present course of lectures in the Medical Department of the University of Michigan numbers 450—a fraction over. This is the largest class that has been assembled west of the mountains.

"The University of Michigan, the oldest State University in the country, was opened as a college in 1841. The Department of Medicine and Surgery was opened in 1850, and is now among the largest medical schools in the country. It employs ten

professors and instructors, and has a six months' term."

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American Pharmaceutical Association.—This very active and useful Association held its annual meeting in Boston in September last. It is stated in the *American Journal of Pharmacy* that "the spirit with which the sessions were animated, the full attendance, and the large number of new members, all rendered it one of the most successful gatherings that have taken place." From the abstract of the proceedings given in the journal just referred to, it is manifest that a large amount of important business was transacted. This association has done much to advance the science of Pharmacy in this country and to elevate the standing of its cultivators.

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New Orleans Medical Journal.—Dr. Bennet Dowler has issued proposals for the publication of a journal under this name. It is to be a bi-monthly of 104 pages, at $5 a year, in advance, and to be issued early in 1866, if sufficiently patronized. Dr. D. is a hard worker and a zealous student, and his efforts to advance our science deserve encouragement.

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Desormeaux's Monograph on the Endoscope.—We are pleased to announce that Drs. John C. Octerlony and Coleman Rogers, of Louisville, Ky., have in preparation a translation of this interesting work.

FOREIGN INTELLIGENCE.

Compression in Aneurism.—A discussion on this subject lately took place at the Parisian Surgical Society, *apropos* of a successful case of M. Legouest. A man, in 1863, with popliteal aneurism, was subjected to digital pressure without success. A second time, at Lisle, he was subjected for sixty hours to the same treatment, and also unsuccessfully. The patient, wearied, remained for two years without further treatment; but as the pain then increased, he, in July last, entered Val-de-Grâce under M. Legouest. He then had a popliteal aneurism of the size of an egg, with thick and regular walls. M. Legouest at once employed M. Broca's compressor from July 24th to August 11th, when it was removed on account of the intolerable pain and other mischief produced. The tumour seemed increased in size, hardness, and pulsation. M. Legouest then resorted to digital compression, continued, and as perfect as possible. From fifteen to twenty assistants relieved each other, commencing at 8 A.M. on the 11th and continuing steadily at work up to 9 A.M. of the 12th. The pulsation of the tumour ceased, and has not returned, and there now only remains a hard tumour. M. Legouest said, that compression had been abandoned by surgeons, because it was so simple and afforded no gratification to the vanity of the operator; a remark which was loudly protested against. M. Marjolin said, that he had never noticed any of the great pain attending digital compression alluded to by M Legouest. M. Desormeaux said that he should like to see the other side of the medal, the unsuccessful cases. He had himself had a case of popliteal aneurism, in which digital pressure had produced gangrene and death. M. Velpeau thought that digital compression was neither difficult nor dangerous. It was not necessary to keep up the pressure continuously for twenty-four, thirty-six, or forty-eight hours; it might be left off for an hour or two every five hours. Nor was there any necessity for employing a company or battalion of assistants, as M. Legouest had done. He had cured several cases in this way, varying the mode of compression. He had no doubt that in due time we should employ pressure only in the cure of aneurism, and never resort to the ligature, which is always dangerous.—*Brit. Med Journ.*, Sept. 23, 1865.

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Diabetes.—Dr. Buttura relates to the Academy of Sciences (through M. Bernard), a case of diabetes cured by the application of a seton to the neck. A mason, 38 years of age, had long suffered from the disease; he was very wasted and feeble, his thirst was extreme, and his urine abundant. The different usual methods of cure were tried in vain; and at the end of eight months trial of them, a large seton was put in his neck. When suppuration was established, the sugar in the urine gradually diminished. At the end of six months, not a trace of sugar could be found. The man returned to his work; and now for a year has remained perfectly well.—*Ibid.*

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Death from Chloroform.—The *Liverpool Mercury* gives the inquest held on a child

aged about two years, which had died from chloroform administered for the removal of a finger. About thirty drops were placed on lint over the child's mouth for about two minutes. The child died in about five minutes after the commencement of the inhalation. The jury's verdict was: Died from the effects of chloroform by misadventure. No blame was attached to either Dr Sinclair or Mr. Prytherch.—*Brit. Med. Journ.*, June 24, 1865.

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Endermic Poisoning by Belladonna.—The application of belladonna to the breasts for the relief of painful distension of the organs, especially after sudden weaning, is often resorted to and with advantage. Where there is an abrasion of the skin, however, this practice, it should be known, is not devoid of danger. A case of poisoning under such circumstances is recorded in a recent number of the *Lancet*, Nov. 11, 1865.

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Vaccine Matter from the Cow.—It will be recollected that at the Medical Congress at Lyons last year, Professor Palasciano, of Naples, gave an interesting account of the practice of vaccinating from the cow followed at Naples for the last sixty years. At that time a kind of panic prevailed in France respecting transmission of syphilis through the medium of vaccine lymph, and the Neapolitan plan was warmly welcomed as offering an effectual preventive to such a disaster. Cows were accordingly vaccinated in Lyon and Paris; but as we have heard nothing whatever of late of the plan being pursued we suppose that either practical difficulties or a suspicion that great exaggeration had prevailed concerning the evils attendant upon the ordinary mode of vaccination have prevented its being continued. However this may be, the Prussian Government, having had its attention drawn to the matter, has caused a report to be prepared, of which Dr. Müller gives an account in a recent number of the *Berlin Med. Wochenschrift*. It seems that a Dr. Galbiati commenced the practice of vaccinating directly from the cow at Naples sixty years ago, and that it has been regularly continued from that time by Sighora Feola and Negri. From the years 1849 to 1859, the cows employed were the property of the King, who had his own family vaccinated in this manner; but since then Negri has conducted the vaccinations as a private speculation, charging 5 francs for bringing the cow and vaccinating the child at its parents' residence. The generation of the vaccine pustules does not seem to injure the cow, but the udders, upon which are often from 80 to 100 pustules, are so much damaged that the animal is usually slaughtered, the price obtained for it going towards covering the expenses. It is remarkable, however, that this mode of vaccination does not seem to have become, even after so long a period, very popular in Naples, although warmly supported by influential persons, the ordinary vaccinations being performed just as in other countries, the employment of Negri's cows being confined to the richer persons and the revaccination of a portion of the army.

Some of the Neapolitan lymph having been forwarded to Berlin, Dr. Müller made some comparative experiments with it and with lymph derived from other sources, and found the results identical. He also vaccinated some cows and calves with the lymph, generally producing true vaccine pustules, which attained their full development by the sixth or seventh day. They were, however, far from containing the quantity of lymph stated by Negri to be produced, this not running out after the separation of the scab, as is usually the case in the human pustule, so that the glass tubes were filled only with difficulty. This lymph produced true pustules in some children, while in others it did not succeed. The milk of the cows submitted to the process diminished in quantity, and the animals became emaciated. Alarmed also, they offered much resistance to both the inoculation and abstraction of the lymph; so that it is evident that Negri's cows must furnish a larger supply of lymph, and belong to a quieter race, or he must be much more expert in their management, to enable him to take them to the patients' houses for the small sum of five francs. However, the trials made establish the possibility of vaccinating direct from the cow in all cases, but they also show that it is neither an easy or cheap process. After all, is there any great advantage in substituting this mode of proceeding for that from arm-to-arm vaccination? and is there not at least as much danger of transplanting diseases of the cow as of conveying syphilitic poison, especially as the best and most robust cows would

naturally not be those employed for this purpose?—*Med. Times and Gaz.*, Oct. 28, 1865.

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Trichinæ.—Prof. VIRCHOW, in his *Essay on Trichinæ*, says, that the most careful cooking is required to destroy the trichinæ in fresh meat; that salt has a very destructive effect on the parasites; and that ten days of salting will effectually destroy them Hams, sausages, etc., should not be eaten fresh; but should be kept a long time before being used.—*Brit. Med. Journ.*, July 22, 1865.

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Ventilation of Hospitals.—DR. GALLARD of La Pitié, who has lately paid much attention to the ventilation of hospitals, has arrived at the conclusion that *natural* is far superior to *artificial* ventilation. At Hôpital Beaujon, he says, has been in operation since 1856 Van Hecke's system of ventilation in the female surgical pavilion of that hospital; and yet statistics show that the mortality has, if anything, increased. In 1851, there was one death to 17.16 patients treated; in 1852, one to 16.26; in 1853, one to 14.48; in 1854, one to 13.81; in 1855, one to 16 23; in 1856, one to 14.25; in 1857, one to 14.93; in 1858, one to 12.85; in 1859, one to 17.14; in 1860, one to 12; in 1861, one to 11 60; in 1862, one to 12.30. At Hôpital Necker, where the same apparatus is in operation, the mortality has remained precisely as it previously was—viz., one in eight or nine patients. Then, again, we find still more striking results if we compare the mortality of La Pitié, where there is no artificial ventilation, with that of Lariboisière, where the most expensive system prevails. Lariboisière nominally contains 606 beds, but its average number is 634. La Pitié contains 620. Lariboisière is placed on a height, and stands in an open space. La Pitié is placed low; has muddy waters, tanneries, etc., around it; its superficial area is 21.7 *mètres*. Lariboisière has 51.8 *mètres*; its beds have each 52 to 53 cubic *mètres*, whilst those of La Pitié have from 25 to 49 only. These and other circumstances place La Pitié in a hygienic position greatly inferior to that of Lariboisière. And we should naturally be led to conclude that the mortality of La Pitié was greatest; but such was not the case. We find from statistical comparison of the mortality at the two hospitals since 1858, when Lariboisière was opened, that the mortality in both was much the same. During eleven years, Lariboisière has received 100,718 patients, of whom 12,616, or one in 7.9, died; whilst La Pitié received 103,707, of whom 13,189. or one in 7.8, died. Facts like these, M. Gallard contends, show that artificial systems of ventilation of hospitals are, to say the least of them, useless. Then, again, it appears that during these years, in which statistics were taken, the average duration of diseases in Lariboisière is about two days longer than in La Pitié. It is needless to add, that the expense attending artificial ventilation is great. M. Gallard has often noticed an inconveniently high temperature in wards artificially ventilated. In Lariboisière, where the ventilator of Farcot is employed, the temperature is generally about 17° to 18° cent., and sometimes even above 20°, when 15° or 16° should have been the maximum. The original expenditure on the ventilating apparatus at Lariboisière was upwards of £16,000; and every year the expense of heating the hospital is more than £3,000, whilst that of La Pitié costs only £1,000.—*Brit. Med. Journ.*, Sept. 23, 1865.

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Ventilation of Sewers.—M. ROBINET, a French chemist, has devised a means of freeing the sewers from the effluvia which escape in the attempt to ventilate them. He proposes that the furnaces of factories shall derive their supply of air from the sewers. The gases will be destroyed by combustion, fresh air from the atmosphere supplying their place. He calculates that if the combustion of only 70,000 tons of coal can thus be economized annually in Paris, or only a tenth part of what is burned there, the sewers will be supplied with about 140,000,000 cubic feet of fresh air—that is, more than seven times their contents—daily. He would apply the same principle to the ventilation of cesspools, etc. It has been partially in use already, on the small scale.—*Scientific Review.*

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Pharaoh's Serpents.—Now that these amusing and scientific toys are in such extensive demand, it is right that their nature and composition should be made generally known, with a view to determine whether their employment is compatible with safety, or whether the products of their combustion are detrimental to health. These toys

consist of sulphocyanide of mercury, a compound, as the name implies, of sulphur, cyanogen, and mercury, the whole of which substances are volatilized by heat, each of them, during combustion, producing a number of more or less injurious and even poisonous products. The sulphur is, for the most part, converted into sulphurous and sulphuric acids, gases of an extremely irritating and suffocating character. The cyanogen, a highly poisonous substance, is partly volatilized unchanged, and is partly decomposed, evolving carbonic acid, nitrogen, and also, by its union with a portion of the sulphur, giving rise to the formation of the very deleterious vapour of bisulphide of carbon, while a portion of it is converted into the organic substance, termed mellon, and which constitutes, in fact, the chief residuary constituent of the so-called serpents; while, lastly, the mercury is sublimed in the state of vapour. Such being the injurious and poisonous nature of the gases evolved, it is very necessary that persons with delicate lungs, or suffering with any disease of those organs, should be most careful not to inhale the products of the combustion of the "serpent's eggs;" and in all cases great care should be taken that the room in which these toys are burned be freely ventilated. So satisfied are the authorities in Prussia of their deleterious properties, that the Government has forbidden their sale except by persons who are specially authorized to sell poisons.—*Lancet*, Nov. 18 1865.

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Irish Lunatics.—By a return issued a few days ago it appears that in the year 1864 there were committed to county gaols in Ireland 460 dangerous male lunatics, and 292 females—752 in all. The number of insane persons confined in distinct asylums in the same year was 5914; while the total number of persons which such asylums are capable of accommodating is only 4959.—*Brit. Med. Journ.*, June 24, 1865.

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Lunacy in Scotland.—The seventh annual report of the Commissioners on Lunacy for Scotland has just been issued. The number of insane persons in Scotland on January 1st, 1864, of whom the commissioners had official cognizance, was 6,391. Of this total 1 039 were supported by private means, 5,320 by parochial rates, and 32 were criminal lunatics in the Central Prison at Perth. The statistics of the seven years ending January 1st, 1864, show on the whole much steadiness in the extent and distribution of lunacy, with latterly some tendency towards diminution in most counties. On comparing the mortality of private and pauper patients, the commissioners find the ratio to be nearly alike on both sides.—*Ibid.*

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Smallpox in Berlin.—The *Berliner Klinische Wochenschrift* contains a statistical account of an epidemic of smallpox which prevailed in Berlin during 1864. In 1863, there were 1270 cases, of which 223 were fatal. During the first half of 1864, the disease became more frequent; the number of cases increasing from 227 in January to 644 in May and 628 in June. In July the number fell to 323, and in August to 150; after which it diminished to 55 in November, again rising to 77 in December. The total number of cases in the year amounted to 3,319; of which 617, or 18.5 per cent., died. Of the total cases, 1,590 were males, of whom 313 died; and 1,729 females, of whom 304 died. With regard to age, the results were the following:—

Under 10 years		854 cases	356 deaths, or 41.6 pr. ct.	
From 10 to	20	320	10	3.1
20	30	794	47	5.9
30	40	678	65	9.5
40	50	433	73	16 8
50	60	192	52	27
60	70	40	13	32.5
70	80	7	1	14
80	90	1	0	

Among children under 15 years, there were 976 cases, of which 360, or 36 per cent., died; among persons above 15, the number of cases was 2,343, and of deaths 257, or 10 per cent. Of vaccinated persons attacked, there were 2,719, of whom 310, or 11 per cent., died; viz., 413 children, with a mortality of 63, or 15 per cent., and 2,306 adults, of whom 247, or 10 per cent., died. Of the unvaccinated the number was 600, of whom 307, or 51 per cent., died; there being in this category 563 children with a mortality of 297, or 52 per cent., and 37 adults with a mortality of 10, or 27 per cent. Among revaccinated persons the number of cases was 168, and of deaths 16, or 9 per cent. On these statistics, the reporter in the *Berlin. Klin. Wochenschr.* remarks, that the mortality among vaccinated persons was really smaller than appears From inquiries extending over several months, it was found that,

when death from smallpox occurred in children said to have been vaccinated, the operation had either not been performed, or had been done unsuccessfully, or only a few days before the attack of smallpox. Not a single death occurred among children who had been properly vaccinated.—*Brit Med. Journ.*, Sept. 16, 1865.

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Smallpox in Calcutta.—During the latter part of 1864 and the early months of the present year, smallpox prevailed extensively in Calcutta and other parts of India. For the reception of cases occurring in Calcutta, a temporary hospital, consisting of a bungalow and sheds, was established at Chitpore, in the neighbourhood of that city, and placed under the care of Dr. Chuckerbutty. An elaborate report of that hospital from the 23d December, 1864, to 13th April, 1865, drawn up by Dr. Chuckerbutty and presented to the Bengal Government, is before us. During the period embraced within the report, there were 627 patients admitted with smallpox, of whom 249, or 39 7 per cent., died.[1] The cases were thus distributed. Among Europeans there were 188 males, of whom 51, or 27 per cent, died; and 23 females, the deaths among whom were 5, or 21.7 per cent. Of native patients there were 317 males, with a mortality of 134, or 42.7 per cent.; and 99 females, of whom died 59, or 59.5 per cent. The percentage mortality among Europeans was thus 26.5; and among natives 46.4. As regards age, there were:—

Under 5 years	37 cases	11 deaths	or 26.8 per ct.
10	30	7	
15	33	2	6
20	126	48	38
30	310	142	45.8
40	69	31	44.9
50	15	6	40
60	6	2	33.3
70	1	0	

There were thus 100 cases in children under 15 years of age, of whom 20 died; and 527 in adults, of whom died 229, or 43.4 per cent. The average daily number of admissions during the first seven weeks was 5.3, and of deaths 1.3; in the next four weeks, the daily admissions averaged 7 9, and the deaths 4.14; and the next five weeks the daily averages were 4 and 2. As regards vaccination, the tables contained in the report show that 354 cases and 185 deaths occurred among those unprotected by vaccination; 27 patients were vaccinated too late to prevent the occurrence of smallpox, but none died; 12 had been vaccinated twice, of whom none died; 148 had been vaccinated once, of whom 43 died. The disease appeared in 65 native patients who had been inoculated, and of those 20 died. In 20 patients, the attack was not the first; and 6 of these had also been vaccinated. The majority of the cases—555—were of the confluent form of smallpox; and the deaths among these were 245, or 44 per cent. There was generally much prostration, requiring the free use of stimulants. Bathing, according to Dr. Chuckerbutty, was a very important adjunct to the treatment; and the proximity of the hospital to the river afforded opportunities for this.

"As a rule, every patient was bathed as soon as the eruption began to desiccate, and the bathing was repeated at intervals during the whole convalescence. The effect of this practice was truly marvellous. Patients who seemed to be on the very point of expiring always survived under the agency of the tepid bath. . . . . Many of course died, but none within twelve hours of the bath, and so not in any way to be laid to its account. . . . . Patients of all classes, both Europeans and natives, the moment they were able to walk, preferred to go into the river and bathe in the running stream; so I had them sent down in batches with the ward-master and some coolies to prevent accident. This I found to be very beneficial; for the skin seemed to clean itself under this much faster than it would have done under any other plan."

In another part of the report, he says that the pitting of the skin has been far less than he could have expected, and that he attributes this to the free and early use of baths. Where bathing could not be used, washing of the patient was employed, and was a source of much comfort. Dr. Chuckerbutty is so convinced of the utility of bathing, and of the necessity of frequently washing the patients' clothes, etc., that he expresses an opinion that "smallpox hospitals should always be placed in close proximity to an abundant supply of running water." After making in the report a number of remarks on the establishment, accommodations, furniture, etc., of the hos-

[1] At the final closure of the hospital on June 8th, the total number were as follows: admissions, 690; deaths, 264; recoveries, 426. The percentage of deaths was 38.26.

pital, the localities whence the patients came, the symptoms and characteristics of the disease, its complications and sequelæ, and other matters, he concludes with advising the establishment of a permanent smallpox hospital for Calcutta, in order to avoid the inconvenience and expense attending the formation of temporary hospitals. He advises the permanent retention of the hospital at Chitpore, with such additions as may be necessary; and suggests that, when smallpox is not prevailing, it may be used as a cholera hospital, for the reception of cholera cases, by which other hospitals of the town are dangerously overcrowded.—*Ibid.*

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An Operation for Fistula in Ano Two Hundred Years Ago.—M. Le Roi, in his *Curiosités Historiques*, gives the following interesting account of a "grand operation" performed on Louis XIV:—

On the 18th of November, 1686, Versailles was astounded with the news that Louis XIV. had undergone the "*grande opération*," as it was then called, for fistula *in ano*. An abscess at the margin of the anus of the king had been discovered in February, 1686; and Félix de Tassy, his chief surgeon, at once proposed to open it. But, as Dionis remarks, "the deference to opinion necessary for a cure is not always found among the great." A thousand *infallible* remedies were immediately proposed; and of these, a plaster made by Madame de la Daubière was selected as preferable to the lancet of the surgeon; and madame herself, as the chronicle tells us, assisted in its application. The plaster, however, was removed five days later, having only increased the king's sufferings; and it was at last resolved, on the 23d, that the abscess should be opened. But, contrary to the wishes of Félix, caustic was used for the purpose, instead of the knife. The result was that, when the caustic slough fell off, "the pus ran out of a small hole." Soon afterwards it was discovered that the fistula communicated with the interior of the gut; and an operation for its cure was therefore necessary.

Hereupon the king was again overwhelmed with the promises of infallible curers of *tumours*. Louvois, the minister, however, being in some sense responsible for the life of the king, would not allow any of their remedies to be applied to the king without having them previously tried on others. Thus, for example, the use of the waters at Barèges having been recommended, and having taken the fancy of the king himself, four persons with fistula were sent to Barèges, under the charge of Gervais, surgeon of La Charité, who had a great reputation in the cure of tumours. They were treated in a variety of ways, internally and externally, with the waters, for a long time; but the result was, says Dionis, that at the end they were no nearer a cure than when they started for Barèges. Next came a court lady, who reported that she had been cured of a fistula at the waters of Bourbon. Consequently four other patients with fistula were sent there, under one of the king's surgeons; but they also returned uncured. Still Louvois was besieged with promises of a cure; and, not wishing to throw away a chance, had several rooms in his ministerial hotel at Versailles fitted up for the reception of all fistula *in ano* patients who were willing to have remedies tried upon them. Félix was to watch the action of the remedies, and to report upon them. The experiments were carried on for a length of time; but all the *infallible* waters, ointments, etc., turned out complete failures.

Of all these proceedings the king was informed by Louvois and Félix, who urged upon him that all attempts to cure the fistula without operation were in vain. Before finally deciding, the king sent for Bessières, who was then in great repute at Paris; and by him was told that "all the remedies in the world would do nothing without an operation." Thereupon the king determined to undergo the operation. But *what* operation? At that time there lived at Paris one Lemoyne, who had great repute as a curer of fistula. Of him Dionis writes:—

"His method consists in the use of a caustic, spread over a little plug, and introduced into the opening; this plug is enlarged day by day, so as to destroy all callosities and sinuses. By this process, and with plenty of patience, he cured many fistulæ. He died old and rich; and he made the people pay well; and in this he was right, as the public only esteem those things which cost them dear. All patients who dreaded cutting fell into his hands; and, as the number of cowards (*poltrons*) is always great, he never wanted for practice."

The ligature was the plan most in use; but Félix preferred the knife. Félix, therefore, was called upon to describe to the king the entire history of these different remedies. Caustic, he told him, produced continual pain for five or six weeks. The ligature required a long time to cut its way through, and also needed frequent tightening, and so constantly produced pain. The pain of incision was, he admitted, sharper, but then it was only for a moment; and the cure for incision was certain and rapid, and this could not be said of either the caustic or the ligature. Félix's arguments, supported by those of d'Aquin, Fagon, and Bessières, decided the king for incision. Félix was a bold man; for at that time the operation by the knife was looked upon as a great and terrible affair. But Félix was not an ordinary man. He was the son of the king's surgeon, Félix de Tassy; had been carefully educated by his father, in hopes that he would become his successor; and at an early age was celebrated as a skilful surgeon. In 1676 he, in fact, became first surgeon of the king. Félix at the time had never performed the operation which he proposed to the king. But, while the experiments of the "curers" were being tried, he read everything which had been written on the subject; and, what is more, operated on all the patients having fistula *in ano* who were received into the Paris hospitals and into La Charité at Versailles. When therefore the king had at length resolved upon the operation, Félix had become a master in its performance.

Félix used a modification of Galen's syringotome. It was a very narrow curved knife, terminated by a stylet several inches long. The cutting part of the blade was covered with a silver sheath. This instrument was introduced through the fistula into the rectum, and then brought out at the anus. The sheath was then gently withdrawn; and the knife, now laid bare, held by the hand and by its stylet end, was at once made to cut its way out. This knife received the name of the *Royal Bistoury*.

The operation was performed on November 18th, 1686. The king had kept his intention a secret. He came to Versailles on the 15th; and on the 17th he rode out publicly on horseback. On the 18th, at five o'clock in the morning, the apothecaries administered a lavement. A little before seven, Louvois brought Madame de Maintenon to the king, who was found engaged with Père de la Chaise, his confessor. In the Cabinet des Bassans were assembled Félix, d'Aquin, the king's chief physician, Fagon, Bessières, the four royal apothecaries, and Laraye, Félix's pupil. At seven o'clock they entered the king's room. Louis XIV. made Félix show and explain to him the instrument, etc.; and then with perfect confidence, and most composedly (as we are assured), placed himself in Félix's hands. The operation was performed in the manner above indicated; and then, with eight cuts of scissors, Félix removed the callosities which were exposed when the incision was made. Louis bore the operation without a cry or a word. A large plug of charpie, covered with oil and yolk of egg, was then forced into the wound.

Consternation seized all the courtiers when they heard that the king had undergone this *dangerous* operation. For the first few days afterwards, things went on well; but, on December 7th, it was found necessary to destroy the new cicatrix, and to lay bare the fistula to its base. After this second proceeding, the operation succeeded.

Félix was well rewarded. His fee was 50,000 crowns, and the estate of Mouhineaux, estimated at a like value. D'Aquin received 100,000 *livres;* Fagon, 80,000 *livres;* the four apothecaries, each 12,000 *livres;* and the pupil Laraye (who was not forgotten), 400 *pistoles*—the sum paid amounting altogether to about £40,000! Félix's practice now naturally became very large; for, as Dionis says:—

"Fistula *in ano* has become a fashionable disease since the operation was practised on the king. Those who had before, through shame, concealed the disease, now made it public; and many went to Versailles to undergo the operation, because they knew that the king made inquiries about all operations of the kind. Some even, who had simply hæmorrhoids, or a slight discharge, were angry when they were told there was no necessity for an operation."

"Such," says M. Le Roi, "is the history of the operation performed on Louis XIV. Thanks to the happy initiative of Félix, the method of operating by incision was again brought into honour, and has since been generally adopted. A man, indeed, may now-a-days successfully practise the operation without being first surgeon of the king—

so simple has the operation become."—*Brit. Med. Journ.*, Sept. 23, 1865.

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Fictitious Spirits.—A few instances have been discovered of the sale of drinks under the names of "Indianna brandee," "medicated whiskee," "pure Islay mountain," "Indian tincture," and "red currant cough elixir;" the exciting principle of all of which was found to be hyponitrous ether prepared from methylated spirit. The above compounds were all highly stimulating, and it would appear that they are consumed by some of the poor, because they produce intoxication at the cost of only a few pence, while there are good reasons for believing that hyponitrous ether itself, and in some parts of Ireland even sulphuric ether, are used by the needy classes for the same object. It is difficult to see how this evil, so pernicious to the moral and physical welfare of those who indulge in it, can be checked as the substances under consideration possess more the character of medicines than of ordinary spirits, and may thus be legally kept and sold by any chemist. In such cases all that can be done is to cry, "Buyer, beware,"—*Inland Revenue Report.*

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Ovariotomy in Paris.—M. Labbe, a hospital surgeon of Paris, presented to the Surgical Society, Oct. 17, a woman aged 29 upon whom he had performed ovariotomy three months before. Her health was now perfect.

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Honours to French Physicians.—The Emperor of the French has conferred the insignia of the Legion of Honour on the house physicians of the Paris Hospitals, who have shown great devotion in their attendance on the cholera patients admitted during the present epidemic prevalence of that disease.

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Literary Men and Doctors.—It is pleasant to record the fact that nearly every literary man and woman with whom I have been acquainted, or whose lives I have looked into, has found a generous and disinterested friend in a doctor. I could, of my own knowledge, tell, many anecdotes of the sacrifices made to mercy by members of the profession; of continuous labours without a thought of recompense; of anxious days and nights by sick and dying beds, without the remotest idea of "fees." I may tell one of a doctor, now himself gone home; it was related to me by Sir James Eyre, M. D. Unfortunately I have forgotten the name of the good physician, but there are, no doubt, many to whom the story will apply. Sir James called upon him one morning, when his career was but commencing, and saw his waiting-room thronged with patients. "Why," said he, "you must be getting on famously." "Well, I suppose I am," was the answer; "but let me tell this fact to you. This morning I have seen eight patients; six of them gave me nothing, the seventh gave me a guinea, which I have just given to the eighth." Such a physician Providence sent to Thomas Hood.—S. C. Hall's *Biography of T. Hood.*

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English Hospital in Paris.—The Messrs. Galignani have built and endowed a hospital of twenty-five beds for the English poor residing in Paris. It is placed under the direction of an English sister of charity, and two English surgeons give gratuitous attendance. The property has been made over to the English Ambassador by the founders.

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Therapeutic Action of Sulphites.—Signor Giovanni Ferrini, who has been experimenting upon the action of sulphites, concludes that, as periodic fevers are the expression of a morbid fermentation of the blood, sulphites may be employed in such cases with advantage. Indeed, he believes that they may almost be substituted for quinine. In typhoid fever, according to his observations, sulphites appear to arrest the process of disorganization of the blood; in five cases they were employed with perfect success even when the symptoms were severe. Signor Ferrini states that in a case of hectic fever in a phthisical patient the administration of sulphites removed the fever and prolonged life for a considerable period.—*Lancet*, Nov. 25, 1865.

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Godard Prize.—The Anatomical Society of Paris has awarded this prize to M. J. V. Laborde, of Paris, for his memoir, bearing the following title:—

1. On a primitive lesion of the spinal marrow in the paralysis of infancy—its seat and nature.

2. The secondary alterations of the muscles in the same disease—a kind of muscular atrophy, not hitherto described.

The ligature was the plan most in use; but Félix preferred the knife. Félix, therefore, was called upon to describe to the king the entire history of these different remedies. Caustic, he told him, produced continual pain for five or six weeks. The ligature required a long time to cut its way through, and also needed frequent tightening, and so constantly produced pain. The pain of incision was, he admitted, sharper, but then it was only for a moment; and the cure for incision was certain and rapid, and this could not be said of either the caustic or the ligature. Félix's arguments, supported by those of d'Aquin, Fagon, and Bessières, decided the king for incision. Félix was a bold man; for at that time the operation by the knife was looked upon as a great and terrible affair. But Félix was not an ordinary man. He was the son of the king's surgeon, Félix de Tassy; had been carefully educated by his father, in hopes that he would become his successor; and at an early age was celebrated as a skilful surgeon. In 1676 he, in fact, became first surgeon of the king. Félix at the time had never performed the operation which he proposed to the king. But, while the experiments of the "curers" were being tried, he read everything which had been written on the subject; and, what is more, operated on all the patients having fistula *in ano* who were received into the Paris hospitals and into La Charité at Versailles. When therefore the king had at length resolved upon the operation, Félix had become a master in its performance.

Félix used a modification of Galen's syringotome. It was a very narrow curved knife, terminated by a stylet several inches long. The cutting part of the blade was covered with a silver sheath. This instrument was introduced through the fistula into the rectum, and then brought out at the anus. The sheath was then gently withdrawn; and the knife, now laid bare, held by the hand and by its stylet end, was at once made to cut its way out. This knife received the name of the *Royal Bistoury*.

The operation was performed on November 18th, 1686. The king had kept his intention a secret. He came to Versailles on the 15th; and on the 17th he rode out publicly on horseback. On the 18th, at five o'clock in the morning, the apothecaries administered a lavement. A little before seven, Louvois brought Madame de Maintenon to the king, who was found engaged with Père de la Chaise, his confessor. In the Cabinet des Bassans were assembled Félix, d'Aquin, the king's chief physician, Fagon, Bessières, the four royal apothecaries, and Laraye, Félix's pupil. At seven o'clock they entered the king's room. Louis XIV. made Félix show and explain to him the instrument, etc.; and then with perfect confidence, and most composedly (as we are assured), placed himself in Félix's hands. The operation was performed in the manner above indicated; and then, with eight cuts of scissors, Félix removed the callosities which were exposed when the incision was made. Louis bore the operation without a cry or a word. A large plug of charpie, covered with oil and yolk of egg, was then forced into the wound.

Consternation seized all the courtiers when they heard that the king had undergone this *dangerous* operation. For the first few days afterwards, things went on well; but, on December 7th, it was found necessary to destroy the new cicatrix, and to lay bare the fistula to its base. After this second proceeding, the operation succeeded.

Félix was well rewarded. His fee was 50,000 crowns, and the estate of Mouhineaux, estimated at a like value. D'Aquin received 100,000 *livres;* Fagon, 80,000 *livres;* the four apothecaries, each 12,000 *livres;* and the pupil Leraye (who was not forgotten), 400 *pistoles*—the sum paid amounting altogether to about £40,000! Félix's practice now naturally became very large; for, as Dionis says:—

"Fistula *in ano* has become a fashionable disease since the operation was practised on the king. Those who had before, through shame, concealed the disease, now made it public; and many went to Versailles to undergo the operation, because they knew that the king made inquiries about all operations of the kind. Some even, who had simply hæmorrhoids, or a slight discharge, were angry when they were told there was no necessity for an operation."

"Such," says M. Le Roi, "is the history of the operation performed on Louis XIV. Thanks to the happy initiative of Félix, the method of operating by incision was again brought into honour, and has since been generally adopted. A man, indeed, may now-a-days successfully practise the operation without being first surgeon of the king—

so simple has the operation become."—*Brit. Med. Journ.*, Sept. 23, 1865.

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Fictitious Spirits.—A few instances have been discovered of the sale of drinks under the names of "Indianna brandee," "medicated whiskee," "pure Islay mountain," "Indian tincture," and "red currant cough elixir," the exciting principle of all of which was found to be hyponitrous ether prepared from methylated spirit. The above compounds were all highly stimulating, and it would appear that they are consumed by some of the poor, because they produce intoxication at the cost of only a few pence, while there are good reasons for believing that hyponitrous ether itself, and in some parts of Ireland even sulphuric ether, are used by the needy classes for the same object. It is difficult to see how this evil, so pernicious to the moral and physical welfare of those who indulge in it, can be checked as the substances under consideration possess more the character of medicines than of ordinary spirits, and may thus be legally kept and sold by any chemist. In such cases all that can be done is to cry, "Buyer, beware,"—*Inland Revenue Report.*

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Ovariotomy in Paris.—M. Labbe, a hospital surgeon of Paris, presented to the Surgical Society, Oct. 17, a woman aged 29 upon whom he had performed ovariotomy three months before. Her health was now perfect.

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Honours to French Physicians.—The Emperor of the French has conferred the insignia of the Legion of Honour on the house physicians of the Paris Hospitals, who have shown great devotion in their attendance on the cholera patients admitted during the present epidemic prevalence of that disease.

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Literary Men and Doctors.—It is pleasant to record the fact that nearly every literary man and woman with whom I have been acquainted, or whose lives I have looked into, has found a generous and disinterested friend in a doctor. I could, of my own knowledge, tell many anecdotes of the sacrifices made to mercy by members of the profession; of continuous labours without a thought of recompense; of anxious days and nights by sick and dying beds, without the remotest idea of "fees." I may tell one of a doctor, now himself gone home; it was related to me by Sir James Eyre, M. D. Unfortunately I have forgotten the name of the good physician, but there are, no doubt, many to whom the story will apply. Sir James called upon him one morning, when his career was but commencing, and saw his waiting-room thronged with patients. "Why," said he, "you must be getting on famously." "Well, I suppose I am," was the answer; "but let me tell this fact to you. This morning I have seen eight patients; six of them gave me nothing, the seventh gave me a guinea, which I have just given to the eighth." Such a physician Providence sent to Thomas Hood.—S. C. Hall's *Biography of T. Hood.*

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English Hospital in Paris.—The Messrs. Galignani have built and endowed a hospital of twenty-five beds for the English poor residing in Paris. It is placed under the direction of an English sister of charity, and two English surgeons give gratuitous attendance. The property has been made over to the English Ambassador by the founders.

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Therapeutic Action of Sulphites.—Signor Giovanni Ferrini, who has been experimenting upon the action of sulphites, concludes that, as periodic fevers are the expression of a morbid fermentation of the blood, sulphites may be employed in such cases with advantage. Indeed, he believes that they may almost be substituted for quinine. In typhoid fever, according to his observations, sulphites appear to arrest the process of disorganization of the blood; in five cases they were employed with perfect success even when the symptoms were severe. Signor Ferrini states that in a case of hectic fever in a phthisical patient the administration of sulphites removed the fever and prolonged life for a considerable period.—*Lancet*, Nov. 25, 1865.

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Godard Prize.—The Anatomical Society of Paris has awarded this prize to M. J. V. Laborde, of Paris, for his memoir, bearing the following title:—

1. On a primitive lesion of the spinal marrow in the paralysis of infancy—its seat and nature.

2. The secondary alterations of the muscles in the same disease—a kind of muscular atrophy, not hitherto described.

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The new system of classification, which has now been adopted, adds materially to the usefulness of the volume. We have also an appendix of selected formulæ, consisting of prescriptions which have been found valuable in the therapeutics of skin affections. This edition, then, commends itself even more than the preceding, to the profession as an elaborate and complete treatise on the subject.—*Buffalo Medical Journal.*

The writings of Wilson, upon diseases of the skin, are by far the most scientific and practical that have ever been presented to the medical world on this subject. The present edition is a great improvement on all it predecessors. To dwell upon all the great merits and high claims of the work before us, *seriatim*, would indeed be an agreeable service; it would be a mental homage which we could freely offer, but we should thus occupy an undue amount of space in this *Journal*. We will, however, look at some of the more salient points with which it abounds, and which make it incomparably superior in excellence to all other treatises on the subject of dermatology. No mere speculative views are allowed a place in this volume, which, without a doubt, will, for a very long period, be acknowledged as the chief standard work on Dermatology. The principles of an enlightened and rational therapeia are introduced on every appropriate occasion. The general practitioner and surgeon who, peradventure, may have for years regarded cutaneous maladies as scarcely worthy their attention, because, forsooth, they are not fatal in their tendency; or who, if they have attempted their cure, have followed the blind guidance of empiricism, will almost assuredly be aroused to a new and becoming interest in this department of practice, through the inspiring agency of this book.—*Am. Journ. Med. Sciences*, Oct. 1857.

Executed in the highest style of art, remarkably faithful to nature, and exceedingly cheap.—*Montreal Med. Chronicle*, Nov. 1858.

We feel justified in saying that every part of it is replete with information distinguished by completeness and accuracy. The author shows a thorough mastery of his subject, both literary and practical, and has shown by his writings an indisputable claim to take a high rank in the profession as an authority on diseases of the skin.—*Lancet.*

In truth "The Diseases of the Skin," by Mr. Erasmus Wilson, may now be regarded as the standard work in that department of medical literature. We have been led by our estimation of this work to take a more extended review of its contents than is customary in second notices; and we must now conclude by recommending it very warmly to our readers, and especially to the junior members of the profession. They will find the volume to fulfil, in every particular, the character which it assumes, of being a practical guide to the diagnosis and treatment of the diseases of the skin.—*The Medico-Chirurgical Review.*

As a practical guide to the classification, diagnosis, and treatment of the diseases of the skin, the book is complete. We know nothing, considered in this aspect, better in our language; it is a safe authority on all the ordinary matters which, in this range of diseases, engage the practitioner's attention, and possesses the high quality—unknown, we believe, to every older manual, of being on a level with science's high-water mark; a sound book of practice.—*London Med. Times.*

No matter what other treatises may be in the library of the medical attendant, he needs the clear and suggestive counsels of Wilson, who is thoroughly posted up on all subjects connected with cutaneous pathology. We have, it is very true, other valuable works on the maladies that invade the skin; but compared with the volume under consideration, they are certainly to be regarded as inferior lights in guiding the judgment of the medical man.—*Boston Med. and Surgical Journal*, Oct. 1857.

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